EXHIBIT 3-K

Montana Department of Commerce

Homebuyer Set Up & Completion Form HOME Program (for single and multi-address activities)

Check appropriate box:			Name	and Phon	ne Nui	mber	of Pe	erson Co	omp	leting Form:
☐ Original Submission ☐ Change Owner's Address										
Ownership Transfer Revisi	<mark>on</mark>									
SET UP HOMEBUYER ACTIVI	SET UP HOMEBUYER ACTIVITY									
A. General information										
Name of Participant	2.	IDIS A	ctivity II	O Number:	3. A	ctivity	Name	9 :		
B. Objectives and Outcomes (for	MDOC use on	nly)								
1. Objective		2	2. Outo	come						
☐ (1) Create suitable living enviro	nment		□ (1) Availabilit	ty/acce	essibi	lity			
☐ (2) Provide decent affordable h	ousing		□ (2	2) Affordabil	lity					
☐ (3) Create economic opportunit	ies		□ (3	3) Sustainab	oility					
0.0.10										
C. Special Characteristics						10	14/11/1			
Activity Location (Check any that apply)						2.				e carried out by anization?
☐ (1) CDBG Strategy Area		5) Brown	nfield re	development	area		☐ Y (inzation:
(2) Local target area		,		f nonresident						
(3) Presidentially declared major d	saster area	reside	ential us	e						
(4) Historic preservation area	□ (7	7) Colon	nia (for A	Z, CA, NM, 1	TX <u>only</u>)				
D. Activity Information										
Activity Type (check one)										
(2) New Construction ONLY	(4) Acquis	sition AN	ND Reha	bilitation						
(3) Acquisition ONLY	(5) Acquis	sition AN	ID New	Construction						
2. Homebuyer's Name:	3. Street:									
4. City:	5. State: 6.	ZIP Co	de: 7.	County Co	ode:			Activity E	stim	ates:
						8. H	HOME	units:	9.	HOME Cost: \$0
10. Multi-Address:	11.	Loan G		ee?						
Yes No		Yes	: <u> </u>	lo						
E. Developer (for multi-address activities ONLY)										
1. Developer Type (check one): (1) Individual (4) Not-for-P	2. D	evelop	er's Name:							
			Developer's Street Address:							
(6) 55,55,53,53,53		4. C	City				5.	State	6.	ZIP Code:

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COMPLETE HOMEBUYER ACTIVITY

F.	Activity Information.	If this is a multi-address activity, make copies of pages 2 and 3 this form so that cost and beneficiary
		each address – Sections I, J, and K.

Activity Type (check one)	2. Property Type (check	one)	3. FHA Insu	
(2) New Construction ONLY	(1) 1-4 (unit) Single F	amily	(For single Yes	-address activities.)
(3) Acquisition ONLY	(2) Condominium			
(4) Acquisition AND Rehabilitation	(3) Cooperative			
(5) Acquisition AND New Construction	(4) Manufactured Ho	me		
4. Lease Purchase? (For single-address ac	5. Complete	d Units		
If Yes , Date of Agreement:		<u>Total</u>	Number:	HOME-Assisted:

G. Units.

1.	Of the Completed Units, the number:	Total:	Home- Assisted:
	Meeting Energy Star standards		
	504-accessible		
2.	Period of Affordability: If you are imposing a pe (HOME minimum + additional) of affordability: PJ-imposed period of affordability: years.	riod of affordabili	ty that is longer than the regulatory minimum, enter the total years

H. Property Address. (For multi-address activities)

Homebuyer's Name:		2. Homebuyer's Street Address
3. City:	4. State 5. MT	ZIP Code 6. County

I. Costs:

Purchase Price: \$0

Value After Rehab (For Acquisition/Rehab activities ONLY): \$0

1. **HOME Funds** (including Program Income)

a. Property Costs		Totals
(1) Amortized Loan	\$0	
(2) Grant	<mark>\$0</mark>	
(3) Deferred Payment Loan (DPL)	<mark>\$0</mark>	
(4) Other	<mark>\$0</mark>	<mark>\$0</mark>
b. Downpayment Assistance(1) Amortized Loan	\$0	
(2) Grant	\$0	
(3) Deferred Payment Loan (DPL)	\$0	
(b) Dolottod i dymonic Eddin (Di E)	φυ	
(4) Other	\$0	<mark>\$0</mark>

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2. Public Funds

(1) Other Federal Funds	<mark>\$0</mark>	
(2) State / Local Funds	<mark>\$0</mark>	
(3) Tax Exempt Bond Proceeds	<mark>\$0</mark>	
Total Public Funds [(1) + (2) + (3)]		\$0

3. Private Funds

(1) Private Loans	\$0	
(2) Owner Cash Contribution	<mark>\$0</mark>	
(3) Private Grants	<mark>\$0</mark>	
Total Private Funds [(1) + (2) + (3)]		<mark>\$0</mark>
4. Activity Total (or total this address)		<mark>\$0</mark>

J. Household Characteristics (refer to codes below where applicable)

Unit #	# of Bdrms	Occu- pant	% Median	Hispanic? Y / N	Race	Size	Туре	Assistance Type	Total Monthly Rent
		2							N/A

 1. Homebuyer counseling Homebuyer received (check one): (1) No counseling (2) Pre-counseling (4) Both 	2. FHA Insured? (for multiaddress activities) Yes No 3. First-time homebuyer? Yes No
 Coming from subsidized housing? Yes □ No 	5. Lease Purchase? (for multi-address activities)

of Bdrms

- 0 SRO/Efficiency
- 1 1 bedroom
- 2 2 bedrooms
- 3 3 bedrooms
- 4 4 bedrooms
- 5 5 or more bedrooms

Assistance Type

- 1 Section 8
- 2 HOME TBRA
- 3 Other federal, state or local assistance
- 4 No assistance

Occupant

- 1 Tenant
- 2 Owner
- 9 Vacant Unit

Household Size

- 1 1 person
- **2** 2 persons
- 3 3 persons
- **4** 4 persons
- 5 5 persons
- 6 6 persons
- **7** 7 persons
- 8 8 or more persons

Household % of Median

- 1 0 to 30%
- 2 30+ to 50%
- 3 50+ to 60%
- **4** 60+ to 80%

Household Type

- 1 Single, non-elderly
- 2 Elderly
- 3 Single parent
- 4 Two parents
- 5 Other

Household Race

- **11** White
- 12 Black or African American
- 13 Asian
- 14 American Indian or Alaska Native
- 15 Native Hawaiian or Other Pacific Islander
- 16 American Indian or Alaska Native & White
- 17 Asian & White
- 18 Black or African American & White
- 19 American Indian or Alaska Native & Black or African American
- 20 Other Multi Racial